

# Name

DATE/TIME

BIRTH DATE AGE

M F

DRUG ALLERGIES

CURRENT MEDICATIONS

WEIGHT (%) LENGTH (%) WEIGHT FOR LENGTH (%) HEAD CIRC (%)

TEMPERATURE

See growth chart.

## History

- [Previsit Questionnaire](#) reviewed
- Child has special health care needs
- Newborn screening  NL
- Hearing screening  NL

Concerns and questions  None

Follow-up on previous concerns  None

Interval history  None

Medication Record reviewed and updated

## Social/Family History

See Initial History Questionnaire.  No interval change

### Family situation

Parental adjustment to child

Maternal depression  Y  N

Observation of parent-child interaction

Reaction of siblings to new child

Work plans

Child care plans

## Review of Systems

See Initial History Questionnaire and Problem List.

No interval change

Changes since last visit

Nutrition:  Breast milk                      Minutes per feeding  
                   Hours between feeding                      Feedings per 24 hours  
                   Problems with breastfeeding  
 Formula                                      Ounces per feeding  
                   Source of water                                      Vitamins/[Fluoride](#)

Elimination:  NL

Sleep:  NL

Behavior:  NL

### Development (if not reviewed in [Previsit Questionnaire](#))

- SOCIAL-EMOTIONAL
  - If upset, able to calm
- COGNITIVE
  - Has started to smile
- COMMUNICATIVE
  - Recognizes parents' voices
  - Follows parent with eyes
- PHYSICAL DEVELOPMENT
  - Able to lift head when on tummy

## Physical Examination

- = NL
- Bright Futures Priority**
- HEAD/FONTANELLE** (positional skull deformities)
- EYES** (red reflex/strabismus/ appears to see)
- HEART**
  - FEMORAL PULSES**
- ABDOMEN**
- MUSCULOSKELETAL** (torticollis)
- HIPS**
- NEUROLOGIC** (tone, strength, symmetry)

- Additional Systems**
- GENERAL APPEARANCE
  - EARS/APPEARS TO HEAR
  - NOSE
  - MOUTH AND THROAT
  - LUNGS
  - GENITALIA
    - Male/Testes down
    - Female
  - EXTREMITIES
  - BACK
  - SKIN

Abnormal findings and comments

## Assessment

Well child

## Anticipatory Guidance

- Discussed and/or [handout](#) given
- PARENTAL WELL-BEING
- FAMILY ADJUSTMENT
- FEEDING ROUTINES
  - Breastfeeding (400 IU vitamin D supplement)
  - Iron-fortified formula
  - Solid foods (wait until 4–6 months)
  - Elimination
    - 5–8 wet diapers, 3–4 stools
- INFANT ADJUSTMENT
  - Tummy time
  - Encourage daily routines
  - Back to sleep
  - Sleep location
  - Techniques to calm
- SAFETY
  - Car safety seat
  - Falls
  - No strings around neck
  - No shaking
  - Smoke-free environment

## Plan

[Immunizations](#) (See Vaccine Administration Record.)

Laboratory/Screening results

Referral to

## Follow-up/Next visit

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